EAST Search History

Ref #	Hits	Search Query	DBs	Default Operator	Plurals	Time Stamp
S1	293	atomoxetine	US-PGPUB; USPAT; EPO; JPO; DERWENT	NEAR	ON	2007/07/05 13:14
S2	918	duloxetine	US-PGPUB; USPAT; EPO; JPO; DERWENT	NEAR	ON	2007/06/19 15:52
S3	4368	autis$4 or asperger$ adj disorder or rett$ adj disorder or pervasive adj developmental adj disorder	US-PGPUB; USPAT; EPO; JPO; DERWENT	OR	ON	2007/06/19 15:53
S4	73	S1 and S3	US-PGPUB; USPAT; EPO; JPO; DERWENT	AND	ON	2007/06/19 16:11
S5	3	S1 same S3	US-PGPUB; USPAT; EPO; JPO; DERWENT	SAME	ON	2007/06/19 15:54
S6	136	S2 and S3	US-PGPUB; USPAT; EPO; JPO; DERWENT	AND	ON	2007/06/19 16:11
S7	3	S2 same S3	US-PGPUB; USPAT; EPO; JPO; DERWENT	SAME	ON	2007/06/19 16:11
S8	4407	autis$4 or pervasive adj developmental adj disorder or asperger's adj disorder or rett's adj disorder	US-PGPUB; USPAT; EPO; JPO; DERWENT	NEAR	ON	2007/07/05 13:15
S9	641	atomoxetine or tomoxetine	US-PGPUB; USPAT; EPO; JPO; DERWENT	OR	ON	2007/07/05 13:15
S10	934	duloxetine	US-PGPUB; USPAT; EPO; JPO; DERWENT	OR	ON	2007/07/05 13:17
S11	116	S8 and S9	US-PGPUB; USPAT; EPO; JPO; DERWENT	AND	ON	2007/07/05 14:29

EAST Search History

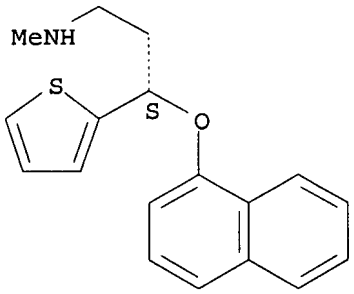
S12	4407	autis$4 or pervasive adj developmental adj disorder or asperger's adj disorder or rett's adj disorder	US-PGPUB; USPAT; EPO; JPO; DERWENT	NEAR	ON	2007/07/05 14:29
S13	934	duloxetine	US-PGPUB; USPAT; EPO; JPO; DERWENT	OR	ON	2007/07/05 14:29
S14	138	S12 and S13	US-PGPUB; USPAT; EPO; JPO; DERWENT	AND	ON	2007/07/05 14:47
S15	4382	autis$4	US-PGPUB; USPAT; EPO; JPO; DERWENT	AND	ON	2007/07/05 14:47
S16	641	atomoxetine or tomoxetine	US-PGPUB; USPAT; EPO; JPO; DERWENT	OR	ON	2007/07/05 14:47
S17	110	S16 and S15	US-PGPUB; USPAT; EPO; JPO; DERWENT	AND	ON	2007/07/05 15:07
S18	116	S12 and S16	US-PGPUB; USPAT; EPO; JPO; DERWENT	AND	ON	2007/07/05 15:11
S19	861	norepinephrine adj reuptake adj inhibitor	US-PGPUB; USPAT; EPO; JPO; DERWENT	ADJ	ON	2007/07/20 08:50
S20	152	S12 and S19	US-PGPUB; USPAT; EPO; JPO; DERWENT	AND	ON	2007/07/05 15:12
S21	4453	autis$4 or asperger$ adj disorder or rett$ adj disorder or pervasive adj developmental adj disorder	US-PGPUB; USPAT; EPO; JPO; DERWENT	OR	ON	2007/07/20 08:50
S22	875	norepinephrine adj reuptake adj inhibitor	US-PGPUB; USPAT; EPO; JPO; DERWENT	ADJ	ON	2007/07/20 08:50
S23	153	S21 and S22	US-PGPUB; USPAT; EPO; JPO; DERWENT	AND	ON	2007/07/20 10:11

EAST Search History

S24	25	S21 same S22	US-PGPUB; USPAT; EPO; JPO; DERWENT	SAME	ON	2007/07/20 08:51
S25	2767	attention-deficit/hyperactivity adj disorder or ADHD	US-PGPUB; USPAT; EPO; JPO; DERWENT	OR	ON	2007/07/20 10:12
S26	304	atomoxetine	US-PGPUB; USPAT; EPO; JPO; DERWENT	NEAR	ON	2007/07/20 10:12
S27	143	S26 and S25	US-PGPUB; USPAT; EPO; JPO; DERWENT	AND	ON	2007/07/20 10:12
S28	947	duloxetine	US-PGPUB; USPAT; EPO; JPO; DERWENT	NEAR	ON	2007/07/20 10:12
S29	139	S26 and S28	US-PGPUB; USPAT; EPO; JPO; DERWENT	AND	ON	2007/07/20 10:12
S30	46	S29 and S25	US-PGPUB; USPAT; EPO; JPO; DERWENT	AND	ON	2007/07/20 10:12

L2 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2007 ACS on STN
RN 116539-59-4 REGISTRY
ED Entered STN: 25 Sep 1988
CN 2-Thiophenepropanamine, N-methyl-γ-(1-naphthalenyloxy)-, (γS)-
(CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 2-Thiophenepropanamine, N-methyl-γ-(1-naphthalenyloxy)-, (S)-
OTHER NAMES:
CN (S)-Duloxetine
CN Duloxetine
CN LY 248686
CN Yentreve
FS STEREOSEARCH
MF C18 H19 N O S
CI COM
SR CA
LC STN Files: ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*, BIOSIS, BIOTECHNO, CA, CAPLUS, CASREACT, CBNB, CHEMCATS, CIN, CSCHEM, DDFU, DRUGU, EMBASE, HSDB*, IMSDRUGNEWS, IMSPATENTS, IMSRESEARCH, IPA, MRCK*, PATDPASPC, PROMT, PROUSDDR, RTECS*, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL
(*File contains numerically searchable property data)

Absolute stereochemistry. Rotation (+).

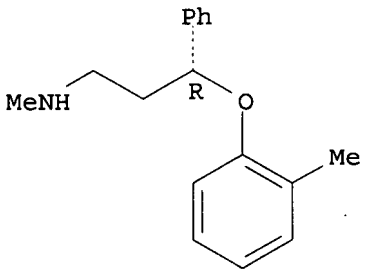


PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

429 REFERENCES IN FILE CA (1907 TO DATE)
8 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
436 REFERENCES IN FILE CAPLUS (1907 TO DATE)

L1 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2007 ACS on STN
RN 83015-26-3 REGISTRY
ED Entered STN: 16 Nov 1984
CN Benzenepropanamine, N-methyl-γ-(2-methylphenoxy)-, (γR)- (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Benzenepropanamine, N-methyl-γ-(2-methylphenoxy)-, (R)-
OTHER NAMES:
CN (-)-Tomoxetine
CN Atomoxetine
CN Tomoxetine
FS STEREOSEARCH
MF C17 H21 N O
CI COM
LC STN Files: ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*, BIOSIS, BIOTECHNO, CA, CAPLUS, CASREACT, CBNB, CHEMCATS, CHEMINFORMRX, CIN, DDFU, DRUGU, EMBASE, HSDB*, IMSDRUGNEWS, IMSPATENTS, IMSRESEARCH, IPA, MEDLINE, MRCK*, PATDPASPC, PHAR, PROMT, PROUSDDR, RTECS*, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL
(*File contains numerically searchable property data)
Other Sources: WHO

Absolute stereochemistry. Rotation (-).



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

234 REFERENCES IN FILE CA (1907 TO DATE)
5 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
236 REFERENCES IN FILE CAPLUS (1907 TO DATE)

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COST IN U.S. DOLLARS                                    SINCE FILE      TOTAL
                                                           ENTRY    SESSION
FULL ESTIMATED COST                                         0.21       0.21

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DICTIONARY FILE UPDATES:  19 JUN 2007  HIGHEST RN 937844-74-1

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predicted properties as well as tags indicating availability of
experimental property data in the original document.  For information
on property searching in REGISTRY, refer to:

http://www.cas.org/support/stngen/stndoc/properties.html

=> E "ATOMOXETINE"/CN 25
E1            1      ATOMLINE 15 WHITE/CN
E2            1      ATOMLINE 15 YELLOW/CN
E3            1  --> ATOMOXETINE/CN
E4            1      ATOMOXETINE (+)-MANDELATE/CN
E5            1      ATOMOXETINE (S)-(+)-MANDELATE/CN
E6            1      ATOMOXETINE (S)-MANDELATE/CN
E7            1      ATOMOXETINE HYDROCHLORIDE/CN
E8            1      ATOMSAFRON H/CN
E9            1      ATOMTHENE 30/CN
E10           1      ATOMU 8000/CN
E11           1      ATOMUORUMAITE/CN
E12           1      ATOMUSERA 300/CN
E13           1      ATOMY OVAL-C/CN
E14           1      ATOMY OVAL-Z/CN
E15           1      ATOMYBALL/CN
E16           1      ATOMYBALL 20NTZ-AC/CN
E17           1      ATOMYBALL 3S/CN
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E25           1      ATOMYBALL UA/CN

=> S E3
L1            1 ATOMOXETINE/CN

=> DIS L1 1 IDE
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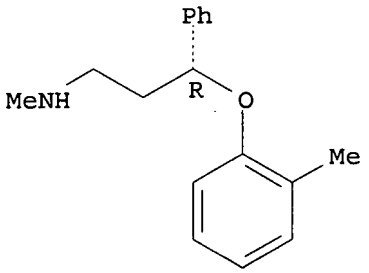
THE ESTIMATED COST FOR THIS REQUEST IS 1.95 U.S. DOLLARS
DO YOU WANT TO CONTINUE WITH THIS REQUEST? (Y)/N:Y

L1 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2007 ACS on STN
RN 83015-26-3 REGISTRY
ED Entered STN: 16 Nov 1984
CN Benzenepropanamine, N-methyl-γ-(2-methylphenoxy)-, (γR)- (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Benzenepropanamine, N-methyl-γ-(2-methylphenoxy)-, (R)-
OTHER NAMES:
CN (-)-Tomoxetine
CN Atomoxetine
CN Tomoxetine
FS STEREOSEARCH
MF C17 H21 N O
CI COM
LC STN Files: ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*, BIOSIS, BIOTECHNO, CA, CAPLUS, CASREACT, CBNB, CHEMCATS, CHEMINFORMRX, CIN, DDFU, DRUGU, EMBASE, HSDB*, IMSDRUGNEWS, IMSPATENTS, IMSRESEARCH, IPA, MEDLINE, MRCK*, PATDPASPC, PHAR, PROMT, PROUSDDR, RTECS*, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL
(*File contains numerically searchable property data)
Other Sources: WHO

Absolute stereochemistry. Rotation (-).



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

234 REFERENCES IN FILE CA (1907 TO DATE)
5 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
236 REFERENCES IN FILE CAPLUS (1907 TO DATE)

=> E "ATOMOXETINE"/CN 25
E1 1 ATOMLINE 15 WHITE/CN
E2 1 ATOMLINE 15 YELLOW/CN
E3 1 --> ATOMOXETINE/CN
E4 1 ATOMOXETINE (+)-MANDELATE/CN
E5 1 ATOMOXETINE (S)-(+)-MANDELATE/CN
E6 1 ATOMOXETINE (S)-MANDELATE/CN
E7 1 ATOMOXETINE HYDROCHLORIDE/CN
E8 1 ATOMSAFRON H/CN
E9 1 ATOMTHENE 30/CN
E10 1 ATOMU 8000/CN
E11 1 ATOMUORUMAITE/CN
E12 1 ATOMUSERA 300/CN
E13 1 ATOMY OVAL-C/CN
E14 1 ATOMY OVAL-Z/CN

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E16             1      ATOMYBALL 20NTZ-AC/CN
E17             1      ATOMYBALL 3S/CN
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E2              1      DULOFIBRATE/CN
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E25             1      DUMASIN/CN

=> S E3
L2              1 DULOXETINE/CN

=> DIS L2 1 IDE
THE ESTIMATED COST FOR THIS REQUEST IS 1.95 U.S. DOLLARS
DO YOU WANT TO CONTINUE WITH THIS REQUEST? (Y)/N:Y

L2   ANSWER 1 OF 1  REGISTRY  COPYRIGHT 2007 ACS on STN
RN   116539-59-4  REGISTRY
ED   Entered STN:  25 Sep 1988
CN   2-Thiophenepropanamine, N-methyl-γ-(1-naphthalenyloxy)-, (γS)-
     (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN   2-Thiophenepropanamine, N-methyl-γ-(1-naphthalenyloxy)-, (S)-
OTHER NAMES:
CN   (S)-Duloxetine
CN   Duloxetine
CN   LY 248686
CN   Yentreve
FS   STEREOSEARCH
MF   C18 H19 N O S
CI   COM
SR   CA
LC   STN Files:   ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*, BIOSIS,
       BIOTECHNO, CA, CAPLUS, CASREACT, CBNB, CHEMCATS, CIN, CSCHEM, DDFU,
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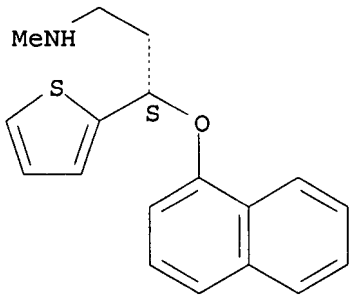
DRUGU, EMBASE, HSDB*, IMSDRUGNEWS, IMSPATENTS, IMSRESEARCH, IPA, MRCK*, PATDPASPC, PROMT, PROUSDDR, RTECS*, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL
(*File contains numerically searchable property data)

Absolute stereochemistry. Rotation (+).



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

429 REFERENCES IN FILE CA (1907 TO DATE)
8 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
436 REFERENCES IN FILE CAPLUS (1907 TO DATE)

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FULL ESTIMATED COST                                    15.15      15.36

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FILE 'BIOSIS' ENTERED AT 07:47:38 ON 20 JUN 2007
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FILE 'MEDLINE' ENTERED AT 07:47:38 ON 20 JUN 2007

=> s 83015-26-3 or tomoxetine or atomoxetine
L3         1992 83015-26-3 OR TOMOXETINE OR ATOMOXETINE

=> s 116539-59-4 or duloxetine
L4         2734 116539-59-4 OR DULOXETINE

=> s pervasive(a)developmental(a)disorder or autis? or asperger's(a)disorder or
rett's(a)disorder
L5        34507 PERVASIVE(A) DEVELOPMENTAL(A) DISORDER OR AUTIS? OR ASPERGER'S(A
                ) DISORDER OR RETT'S(A) DISORDER

=> s l3 and l5
L6           66 L3 AND L5

=> dup rem
ENTER L# LIST OR (END):l6
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PROCESSING COMPLETED FOR L6
L7 55 DUP REM L6 (11 DUPLICATES REMOVED)
ANSWERS '1-7' FROM FILE CAPLUS
ANSWERS '8-50' FROM FILE EMBASE
ANSWERS '51-54' FROM FILE BIOSIS
ANSWER '55' FROM FILE MEDLINE

=> d ti au abs so py 1-10

L7 ANSWER 1 OF 55 CAPLUS COPYRIGHT 2007 ACS on STN DUPLICATE 5
TI Pharmacology of autism
AU McDougle, Christopher J.; Stigler, Kimberly A.; Erickson, Craig A.; Posey, David J.
AB The purpose of this review is to discuss the pharmacol. of autistic disorder (autism) and other pervasive developmental disorders (PDDs) from the perspective of specific target symptom domains of behavior. Drug treatment strategies directed toward the following target symptom domains are included: motor hyperactivity and inattention; interfering stereotypical and repetitive behavior; aggression and self-injurious behavior (SIB); and the core social impairment of autism and other PDDs. For motor hyperactivity and inattention, studies have indicated that the α2 adrenergic agonists, clonidine and guanfacine, are useful. A placebo-controlled study by the Research Units on Pediatric Psychopharmacol. (RUPP) Autism Network found methylphenidate to be efficacious in 49% of subjects with various PDDs for these target symptoms. Preliminary data with the norepinephrine reuptake inhibitor atomoxetine are encouraging. For interfering stereotypical and repetitive behavior, controlled studies of the selective serotonin reuptake inhibitor fluvoxamine found the drug to be more efficacious and better tolerated in adults than children with autism and other PDDs. A recent controlled study of low-dose liquid fluoxetine found the drug more efficacious than placebo for interfering repetitive behavior and well tolerated. A large placebo-controlled study of the atypical antipsychotic risperidone found the drug to be efficacious for reducing aggression, SIB and tantrumming in 70% of children with autism and that the response was maintained for up to 6 mo. Open-label studies of other atypical antipsychotics are generally encouraging. A small, single-blind study of the glutamatergic agent D-cycloserine showed significant benefit for the social withdrawal of autism. Future directions include studying coactive pharmacol. treatment strategies utilizing more than one drug to target more than one target symptom domain in individuals with autism and other PDDs.
SO Clinical Neuroscience Research (2006), 6(3-4), 179-188
CODEN: CNRLBU; ISSN: 1566-2772
PY 2006

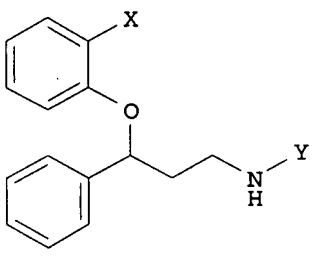
L7 ANSWER 2 OF 55 CAPLUS COPYRIGHT 2007 ACS on STN DUPLICATE 6
TI Predictors of selecting atomoxetine therapy for children with attention-deficit-hyperactivity disorder
AU Van Brunt, David L.; Johnston, Joseph A.; Ye, Wenyu; Pohl, Gerhardt M.; Sun, Pei J.; Sterling, Kimberly L.; Davis, Martha E.
AB To investigate predictors of beginning treatment with atomoxetine , a new attention-deficit-hyperactivity disorder (ADHD) drug, shortly after it was introduced into the marketplace compared with well-established stimulants for children in a managed care setting. Retrospective cohort anal. Managed care claims database. A total of 45,144 patients aged 18 years or younger who filled a prescription for an ADHD-specific drug. For each patient, the most recent start of therapy between Apr. 1 and Dec. 31, 2003, was categorized by drug: atomoxetine; any stimulant; or short-, intermediate-, or long-acting stimulant. The categories were based on the first use of the drug without use of a drug in that same category in the previous 3 mo. Logistic regression anal. of past-year administrative claims was applied

to determine predictors of the start of specific pharmacotherapy. Patients with a claim of ADHD with hyperactivity were 1.50 times more likely to begin therapy with atomoxetine than with any stimulant (95% confidence interval [CI] 1.42-1.58). Patients with a history of tics (odds ratio [OR] 3.11, 95% CI 2.54-3.82), anxiety (OR 1.35, 95% CI 1.24-1.48), pervasive developmental disorders (OR 2.00, 95% CI 1.69-2.37), or frequent use of behavioral care services (OR 1.34, 95% CI 1.21-1.48) were predisposed to starting treatment with atomoxetine relative to any stimulant, but patients with obesity were not (OR 0.68, 95% CI 0.53-0.87). A short-acting stimulant was specifically preferred for patients with narcolepsy or hypersomnolence (OR 0.33, 95% CI 0.20-0.56). Alc. dependence, but not drug dependence or drug abuse, was predictive of the selection of atomoxetine over a short-acting stimulant (OR 2.98, 95% CI 1.25-7.09). Atomoxetine therapy was systematically preferred for patients with psychiatric comorbidities, contraindications to stimulants, or relatively heavy use of behavioral health care.
SO Pharmacotherapy (2005), 25(11), 1541-1549
CODEN: PHPYDQ; ISSN: 0277-0008
PY 2005

L7 ANSWER 3 OF 55 CAPLUS COPYRIGHT 2007 ACS on STN
TI Drugs for dementia
AU Palmer, Alan M.
AB Unavailable
SO Education in Chemistry (2007), 44(1), 13-15,20
CODEN: EDCHAU; ISSN: 0013-1350
PY 2007

L7 ANSWER 4 OF 55 CAPLUS COPYRIGHT 2007 ACS on STN
TI Compositions for treating psychiatric disorders with COX-2 inhibitors alone and in combination with antidepressant agents
IN Stephenson, Diane; Taylor, Duncan P.
AB The present invention relates to a novel method of treating and/or preventing psychiatric disorders in a subject by administering to the subject at last one Cox-2 inhibitor alone or in combination with one or more antidepressant agents. Compns., pharmaceutical compns. and kits are also described. Thus, celecoxib was prepared starting from 4'-methylacetophenone and ethyltrifluoroacetate followed by reaction with 4-sulfonamidophenylhydrazine. A composition is obtained by mixing sertraline and celecoxib.
SO PCT Int. Appl., 200 pp.
CODEN: PIXXD2
PY 2005
2005
2006

L7 ANSWER 5 OF 55 CAPLUS COPYRIGHT 2007 ACS on STN
TI Treatment of pervasive development disorders employing norepinephrine reuptake inhibitors
IN Allen, Albert John; Kelsey, Douglas Kenneth
GI



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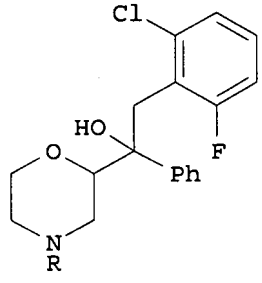

II

AB Provided are methods and medicaments for treating a pervasive development disorder, comprising administering to a patient in need of such treatment an effective amount of a selective norepinephrine reuptake inhibitor. The invention discloses the use of atomoxetine, racemic reboxetine, (S,S)-reboxetine, and compds. of formula I [wherein X = alkylthio and Y = alkyl; as described in U.S. patent Number 5,281,624], as well as their pharmaceutically acceptable salts, as the norepinephrine reuptake inhibitors described for treatment purposes. The invention further discloses the preparation of addnl. heterocyclic derivs. (as well as their pharmaceutically acceptable salts) that possess ability to serve as norepinephrine reuptake inhibitors. For instance, morpholine derivative II•HCl (R = H) was prepared via alkylation of (4-benzyl-morpholin-2-yl)(phenyl)methanone by 2-chloro-6-fluorobenzylmagnesium chloride and subsequent N-debenzylation of the obtained alc. I (R = Bn). The preferred invention compds. exhibited Ki values of less than 500 nM at the norepinephrine transporter (scintillation proximity assay).
SO PCT Int. Appl., 300 pp.
CODEN: PIXXD2
PY 2005
2005
2005
2006
2006

L7 ANSWER 6 OF 55 CAPLUS COPYRIGHT 2007 ACS on STN
TI Improving neurological functions
IN Chez, Michael G.
AB The present invention relates to materials and methods for treating neurol. diseases and disorders including but not limited to epilepsy and autism, as well as general cognitive problems. Preferred compds. include carnosine and homocarnosine and N-acetyl, methylated (anserine, ophidine), decarboxylated (carcinine) and tauryl derivs. of carnosine and homocarnosine.
SO PCT Int. Appl., 74 pp.
CODEN: PIXXD2
PY 2003
2003
2006

L7 ANSWER 7 OF 55 CAPLUS COPYRIGHT 2007 ACS on STN
TI Pharmaceuticals containing a combination of norepinephrine reuptake inhibitors and neuroleptics
IN Wong, Erik Ho Fong; Gallen, Christopher C.; Svensson, Torgny
AB A composition comprising: (a) a pharmaceutically effective amount of one or more norepinephrine reuptake inhibitors or a salt; and (b) 1 or more neuroleptics is provided. The composition is useful in treating disorders or diseases of the central nervous system, and particularly useful in treating schizophrenia. A pharmaceutical composition was prepared by combining reboxetine with a neuroleptic in an acceptable carrier. The composition contains 0.01-10 mg rebexetine and 25-300 mg clozapine.
SO PCT Int. Appl., 22 pp.
CODEN: PIXXD2
PY 2002
2002
2002
2002
2003
2004
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2002
2005
2006

L7 ANSWER 8 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN DUPLICATE 1

TI Drug therapy for attention-deficit/hyperactivity disorder-like symptoms in autistic disorder.

AU Hazell P.

AB Problems of inattention and hyperactivity affect one half of individuals with autistic disorder. Care must be taken to ensure that inattention and hyperactivity are not manifestations of other behavioural pathology seen in association with autistic disorder, as this will affect treatment decisions. The prescribing of psychotropic agents to individuals with autistic disorder is increasing but the evidence base is limited, with some exceptions, to uncontrolled studies. Substantial benefit in reducing inattention and hyperactivity is seen with atypical antipsychotics such as risperidone and quetiapine, although weight gain and sedation are common side effects. Moderate benefit is derived from methylphenidate, atomoxetine, some anticonvulsant medications, guanfacine and donepezil. Data show dexamphetamine, clonidine, clomipramine, mirtazapine, and fluoxetine are of unlikely benefit. .COPYRGT. 2007 The Author.

SO Journal of Paediatrics and Child Health, (2007) Vol. 43, No. 1-2, pp. 19-24. .
Refs: 24
ISSN: 1034-4810 E-ISSN: 1440-1754 CODEN: JPCHE3

PY 2007

L7 ANSWER 9 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN DUPLICATE 2

TI Atomoxetine for hyperactivity in autism spectrum disorders: Placebo-controlled crossover pilot trial.

AU Arnold L.E.; Aman M.G.; Cook A.M.; Witwer A.N.; Hall K.L.; Thompson S.; Ramadan Y.

AB OBJECTIVE: To explore placebo-controlled efficacy and safety of atomoxetine (ATX) for attention-deficit/hyperactivity disorder (ADHD) symptoms in children with autism spectrum disorders (ASD). METHOD: Children ages 5 to 15 with ASD and prominent ADHD symptoms were randomly assigned to order in a crossover of clinically titrated ATX and placebo, 6 weeks each, separated by 1-week washout. Slopes for each condition were compared by paired t test. RESULTS: In 2004-2005, 12 boys and 4 girls (7 with autistic disorder, 1 Asperger's, 8 pervasive developmental disorder not otherwise specified) all completed at least 3 weeks of each condition. On the primary outcome, the Hyperactivity subscale of the Aberrant Behavior Checklist, ATX was superior to placebo (p =.043, effect size d = 0.90). It was also superior on a 0 to 3 rating of nine DSM-IV ADHD hyperactive/impulsive symptoms (p =.005, d = 1.27), but missed significance on nine inattentive symptoms (p =.053, d= 0.89). Nine subjects responded to ATX, four to placebo (25% improvement on the Hyperactivity subscale plus Clinical Global Impressions-Improvement of 1-2. One was rehospitalized for recurrent violence on ATX. Adverse events were otherwise tolerable, with no tendency to stereotypy. CONCLUSIONS: ATX appears safe and effective for treating hyperactivity in some children with autism spectrum disorders. The effect appears as large as in a multisite methylphenidate trial in the same population, with fewer intolerable side effects. Further study in autism spectrum disorders is indicated. .COPYRGT.2006 by the American Academy of Child and Adolescent Psychiatry.

SO Journal of the American Academy of Child and Adolescent Psychiatry, (2006) Vol. 45, No. 10, pp. 1196-1205. .
Refs: 41
ISSN: 0890-8567 CODEN: JAAPEE

PY 2006

L7 ANSWER 10 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights

reserved on STN DUPLICATE 3
TI Atomoxetine for attention-deficit/hyperactivity disorder symptoms in children with pervasive developmental disorders: A pilot study.
AU Troost P.W.; Steenhuis M.-P.; Tuynman-Qua H.G.; Kalverdijk L.J.; Buitelaar J.K.; Minderaa R.B.; Hoekstra P.J.
AB Objective: This pilot study examined the effects of atomoxetine on attention-deficit/hyperactivity disorder (ADHD) symptoms and autistic features in children with pervasive developmental disorders (PDD). Method: Twelve children (aged 6-14 years) with PDD accompanied by ADHD symptoms entered a 10-week open-label study with atomoxetine (1.19 ± 0.41 mg/kg/day). Response was assessed by using parent and clinician rating scales with change in the ADHD-Rating Scale (ADHDRS) as primary outcome measure. Results: Atomoxetine reduced ADHD-symptoms as measured by the ADHDRS (44% decrease vs. baseline, $p < 0.003$), the Conners' Parent Rating Scale-R:S (CPRS-R) (25% in the subscale "Cognitive Problems," $p < 0.028$; 32% in "Hyperactivity," $p < 0.030$; and 23% in "ADHD index," $p < 0.023$). We found a reduction of 21% ($p = 0.071$) for changes in the subscale " Hyperactivity" of the Aberrant Behavior Checklist (ABC). No change was found in any of the other ABC subscales, nor in the subscale "Oppositional" of the CPRS-R. Five patients (42%) discontinued because of side effects. Gastrointestinal symptoms, irritability, sleep problems, and fatigue were the most frequent side effects. Conclusions: These preliminary findings indicate that atomoxetine may be a promising new agent in the treatment of ADHD symptoms in children with FDD. However, children with PDD may have a higher vulnerability for some of the known side-effects of atomoxetine.
SO Journal of Child and Adolescent Psychopharmacology, (2006) Vol. 16, No. 5, pp. 611-619. .
Refs: 37
ISSN: 1044-5463 CODEN: JADPET
PY 2006

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(FILE 'HOME' ENTERED AT 07:45:25 ON 20 JUN 2007)

FILE 'REGISTRY' ENTERED AT 07:45:35 ON 20 JUN 2007
E "ATOMOXETINE"/CN 25
L1 1 S E3
E "ATOMOXETINE"/CN 25
E "DULOXETINE"/CN 25
L2 1 S E3

FILE 'CAPLUS, EMBASE, BIOSIS, MEDLINE' ENTERED AT 07:47:38 ON 20 JUN 2007
L3 1992 S 83015-26-3 OR TOMOXETINE OR ATOMOXETINE
L4 2734 S 116539-59-4 OR DULOXETINE
L5 34507 S PERVASIVE(A)DEVELOPMENTAL(A)DISORDER OR AUTIS? OR ASPERGER'S(
L6 66 S L3 AND L5
L7 55 DUP REM L6 (11 DUPLICATES REMOVED)

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L7 ANSWER 11 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN DUPLICATE 4
TI Open-label atomoxetine for attention-deficit/hyperactivity disorder symptoms associated with high-functioning pervasive developmental disorders.
AU Posey D.J.; Wiegand R.E.; Wilkerson J.; Maynard M.; Stigler K.A.; McDougle C.J.
AB Objective: The aim of this study was to conduct an initial evaluation of the efficacy of atoinoxetine for attention-deficit/hyperactivity disorder

(ADHD) symptoms in children with pervasive developmental disorders (PDDs). Method: Children with PDDs and a nonverbal IQ of ≥70 received atomoxetine (target dose 1.2-1.4 mg/kg/day) during the course of an 8-week, open-label, prospective study. Standardized assessments of efficacy and tolerability were collected at regular intervals during the trial. Results: Sixteen children and adolescents (mean age 7.7 ± 2.2 years, age range 6-14 years) with autistic disorder (n = 7), Asperger's disorder (n = 7), or PDD not otherwise specified (n = 2) received atomoxetine (mean dose 1.2 ± 0.3 mg/kg/day). Twelve participants (75%) were rated as "much" or "very much improved" on the Clinical Global Impressions-Improvement scale. The most significant improvement was seen in the area of ADHD symptoms as measured by the SNAP-IV and Aberrant Behavior Checklist (effect size = 1.0-1.9). Improvements of lesser magnitude (effect size = 0.4-1.1) were seen in irritability, social withdrawal, stereotypy, and repetitive speech. There were no significant changes on the Conners' Continuous Performance Test. Atomoxetine was well tolerated with the exception of 2 participants (13%) who stopped medication due to irritability. Weight decreased by a mean of 0.8 kg during the 8-week trial. Conclusions: Placebo-controlled studies are indicated to determine atomoxetine's efficacy for ADHD symptoms in PDDs.

SO Journal of Child and Adolescent Psychopharmacology, (2006) Vol. 16, No. 5, pp. 599-610. .
Refs: 37
ISSN: 1044-5463 CODEN: JADPET
PY 2006

L7 ANSWER 12 OF 55 EMBASE DUPLICATE 7

TI Retrospective assessment of atomoxetine in children and adolescents with pervasive developmental disorders.

AU Jou R.J.; Handen B.L.; Hardan A.Y.

AB A retrospective study was conducted to assess the effectiveness and tolerability of atomoxetine in children and adolescents with pervasive developmental disorders (PDD). An outpatient clinic registry of individuals with PDD was used to identify all children and adolescents who received atomoxetine over a period of 12 months. Patients were included if concomitant medications remained unchanged. Treatment response was assessed using the Global Improvement item of the Clinical Global Impressions scale (CGI-GI) based on the Conners Parent Rating Scale (CPRS) routinely completed by primary caretakers and other clinical information available in the registry. Twenty patients were identified, including 16 males and 4 females (age, 11.5 years; standard deviation, 3.5). Most patients (80%) were taking at least 1 concomitant medication. Treatment dose was 43.3 mg (standard deviation, 18.1) and duration was 19.5 weeks (standard deviation, 10.5). Twelve patients were judged to be responders, as defined by a score of 1 or 2 on the CGI-GI. Differences between baseline and the end of the trial period were observed in the following CPRS subscales: Conduct, hyperactivity, inattention, and learning. No differences were noted in the anxiety and psychosomatic subscales. One patient discontinued atomoxetine because of severe mood swings. Atomoxetine may be beneficial for treating secondary symptoms of PDD, and prospective open-label or double-blind, placebo-controlled studies are needed to assess its efficacy and safety.

SO Journal of Child and Adolescent Psychopharmacology, (2005) Vol. 15, No. 2, pp. 325-330. .
Refs: 8
ISSN: 1044-5463 CODEN: JADPET
PY 2005

L7 ANSWER 13 OF 55 EMBASE DUPLICATE 8

TI Management of hyperactivity and other acting-out problems in patients with autism spectrum disorder.
AU Aman M.G.
AB Hyperactivity/impulsivity, aggression, self injury, and irritability are disruptive behaviors that frequently accompany autism spectrum disorders (ASD). The psychostimulants and atypical antipsychotics have been used with some success to manage hyperactivity, but neither drug group is fully satisfactory and clinical response to the stimulants varies. For other disruptive symptoms (irritability, aggression, self injury), both older antipsychotics and newer atypical antipsychotics have been shown to have helpful effects. Because of potential side effects, atypical antipsychotics should ordinarily be preferred over older agents. A small group of studies suggests that selective serotonin reuptake inhibitors may be helpful in managing symptoms related to aggression, self injury, and the like. A small and largely imperfect literature suggests that beta blockers, mood stabilizers, and alpha-2 agonists may also have some role for treating such symptoms. More research is needed on the management of all of these target symptoms, both for new agents (e.g., atomoxetine) and for established psychoactive medicines.
SO Seminars in Pediatric Neurology, (2004) Vol. 11, No. 3, pp. 225-228. .
Refs: 18
ISSN: 1071-9091 CODEN: SPNEFD
PY 2004

L7 ANSWER 14 OF 55 EMBASE
TI A retrospective study of memantine in children and adolescents with pervasive developmental disorders.
AU Erickson C.A.; Posey D.J.; Stigler K.A.; Mullett J.; Katschke A.R.; McDougle C.J.
AB Rationale: There are no drugs that have been shown to effectively treat the core social impairment of autism. Objectives: The purpose of this study was to examine the effectiveness and tolerability of memantine for social impairment in children and adolescents with pervasive developmental disorders (PDDs).
Materials and methods: Medical records of 18 patients with PDDs consecutively treated with open-label memantine were retrospectively reviewed. The data reviewed included prospectively obtained assessments of severity (S) and improvement (I) using the Clinical Global Impressions Scale (CGI). Pretrial and follow-up parent ratings were also available on six patients using the Aberrant Behavior Checklist (ABC). Results: Eighteen patients (15 male, 3 female; mean age=11.4 years, range 6-19 years) received memantine (mean dosage=10.1 mg/day, range 2.5-20 mg/day) over a mean duration of 19.3 weeks (range 1.5-56 weeks). Eleven of 18 (61%) patients were judged responders to memantine based on a rating of "much improved" or "very much improved" on the CGI-I. Significant improvement was also seen on the CGI-S. Improvement was primarily seen clinically in social withdrawal and inattention. Adverse effects occurred in 7 of 18 (39%) patients and led to drug discontinuation in 4 of 18 (22%) patients. Thirteen of 18 (72%) patients received stable doses of concomitant medications during the memantine trial. Conclusions: In this open-label retrospective study, memantine was effective in a number of patients with PDDs. Controlled studies are warranted to further assess the efficacy and safety of memantine in PDDs.
SO Psychopharmacology, (2007) Vol. 191, No. 1, pp. 141-147. .
Refs: 27
ISSN: 0033-3158 CODEN: PSCHDL
PY 2007

L7 ANSWER 15 OF 55 EMBASE
TI Psychopharmacologic treatment of aggressive preschoolers: A chart review.

AU Staller J.A.
AB Very young children with severe aggression are a growing focus of care in child psychiatry. Notwithstanding diagnostic uncertainties in this age group, medication, not usually considered a first-line intervention, is becoming a treatment option for a growing number of clinicians in spite of a dearth of research in this area. This chart review assessed the patient characteristics, diagnoses and treatment responses of aggressive preschoolers who were treated in a university child psychiatry outpatient clinic from 2001-2004. The most common diagnoses were Attention Deficit Hyperactivity Disorder (ADHD), Disruptive Behavior Disorder and Posttraumatic Stress Disorder (PTSD). Medication was prescribed for a majority of the children with prominent aggression; atypical antipsychotics were prescribed with the greatest frequency, followed by stimulants and then alpha agonists-treatment response ratings indicated moderate to marked improved in a majority of the preschoolers who received one or a combination of these medications. Findings support the need for controlled trials of medication in preschoolers with severe aggression.
SO Progress in Neuro-Psychopharmacology and Biological Psychiatry, (30 Jan 2007) Vol. 31, No. 1, pp. 131-135. .
Refs: 26
ISSN: 0278-5846 CODEN: PNPPD7
PY 2007

L7 ANSWER 16 OF 55 EMBASE
TI [Psychopharmacology of autistic disorders].
PSYCHOPHARMAKOLOGIE AUTISTISCHER STORUNGEN.
AU Poustka L.; Poustka F.
AB There is a growing number of studies on the efficacy of pharmacological interventions in autistic disorders. Although the core symptoms of autism can hardly be influenced by medication, drug treatment can be used as a valuable adjunct therapy, targeting above all externalizing disorders associated with autism. The primary goal of drug treatment in autism is to decrease maladaptive behaviors in order to allow the child to better benefit from other therapeutic interventions. Unfortunately, the combination of different psychopharmacological agents has not been studied so far, despite their pivotal role in practical clinical work. It remains to be seen whether future studies will explore the efficacy of a combination of drug treatment with other treatment modalities, respectively the seemingly useful combination of different medications. Newer medications effective in the treatment of autistic children cause fewer unwanted side effects. The number of pharmacological studies with good methodological standards is also increasing.
SO Zeitschrift fur Kinder- und Jugendpsychiatrie und Psychotherapie, (2007) Vol. 35, No. 2, pp. 87-94. .
Refs: 65
ISSN: 1422-4917 CODEN: ZKJPFY
PY 2007

L7 ANSWER 17 OF 55 EMBASE
TI Working memory, catecholamines and psychosis: Illustrative case.
AU Levy F.
AB Objective: To briefly review the role of catecholamines in prefrontal functions and working memory as illustrated by a case study. Method: The work of Goldman-Rakic and Arnsten on working memory is briefly reviewed. A case study that illustrates catecholamine functions in an autistic disorder child, who suffered a prolonged psychosis, is described. Results: While the role of dopaminergic neurotransmission in working memory has been described, the present case also illustrates a role for a noradrenergic re-uptake inhibitor in treating the

post-psychotic distractibility of a severely impaired early adolescent. Conclusion: The role of catecholamine neurotransmitters in the treatment of prefrontal symptoms should be further investigated.

SO Australian and New Zealand Journal of Psychiatry, (2007) Vol. 41, No. 1, pp. 74-77. .
Refs: 16
ISSN: 0004-8674 E-ISSN: 1440-1614 CODEN: ANZPBQ

PY 2007

L7 ANSWER 18 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

TI Evidence-based guidelines for management of attention-deficit/hyperactivity disorder in adolescents in transition to adult services and in adults: Recommendations from the British Association for Psychopharmacology.

AU Nutt D.J.; Fone K.; Asherson P.; Bramble D.; Hill P.; Matthews K.; Morris K.A.; Santosh P.; Sonuga-Barke E.; Taylor E.; Weiss M.; Young S.

AB Attention-deficit/hyperactivity disorder (ADHD) is an established diagnosis in children, associated with a large body of evidence on the benefits of treatment. Adolescents with ADHD are now leaving children's services often with no readily identifiable adult service to support them, which presents problems as local pharmacy regulations often preclude the prescription of stimulant drugs by general practitioners (GPs). In addition, adults with ADHD symptoms are now starting to present to primary care and psychiatry services requesting assessment and treatment. For these reasons, the British Association for Psychopharmacology (BAP) thought it timely to hold a consensus conference to review the body of evidence on childhood ADHD and the growing literature on ADHD in older age groups. Much of this initial guidance on managing ADHD in adolescents in transition and in adults is based on expert opinion derived from childhood evidence. We hope that, by the time these guidelines are updated, much evidence will be available to address the many directions for future research that are detailed here. .COPYRGT. 2007 British Association for Psychopharmacology.

SO Journal of Psychopharmacology, (2007) Vol. 21, No. 1, pp. 10-41. .
Refs: 251
ISSN: 0269-8811 E-ISSN: 1461-7285 CODEN: JOPSEQ

PY 2007

L7 ANSWER 19 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

TI Psychopharmacology: Clinical Implications of Brain Neurochemistry.

AU Scheffer R.E.

AB The brain is a complex organ consisting of 100 billion neurons and support cells. Neurons have hundreds to thousands of synaptic connections to other neurons. These interconnections result in local feedback loops and long chains of neurons connected in functional units. The brain is organized further into organelles and ultimately to the peripheral nervous system. Attempts to focally influence specific neurotransmitter systems invariably have impacts upon other neurotransmitter systems. The pharmacological impact upon one neurotransmitter system results in compensatory impact upon other systems. Children metabolize and use medications differently than adults [11]. In many cases, these differences impact the dosing schedule of medications. This also may help to explain why some agents have not demonstrated effectiveness [12]. There is an exciting future for pharmacogenomic profiling in pediatric neuropharmacology. Psychopharmacological interventions are being used with increasing frequency in youth. This includes use in very young children, in combinations and other off-label uses. These practices need to be reviewed periodically as the evidence base for there use expands. .COPYRGT. 2006 Elsevier Inc. All rights reserved.

SO Pediatric Clinics of North America, (2006) Vol. 53, No. 4, pp. 767-775. .
Refs: 12
ISSN: 0031-3955 CODEN: PCNAA8

PY 2006

L7 ANSWER 20 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Atomoxotine treating patients with Autistic Disorder [1].
AU Niederhofer H.
DATA NOT AVAILABLE FOR THIS ACCESSION NUMBER
SO Autism, (2006) Vol. 10, No. 6, pp. 647-649. .
Refs: 7
ISSN: 1362-3613 E-ISSN: 1461-7005 CODEN: AUTIFS
PY 2006

=> d ti au ab so py 21-30 l7

L7 ANSWER 21 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Drug treatments for pervasive developmental disorders: Expanding the evidence base.
AU McCracken J.T.
SO Journal of Child and Adolescent Psychopharmacology, (2006) Vol. 16, No. 5, pp. 513-515. .
Refs: 11
ISSN: 1044-5463 CODEN: JADPET
PY 2006

L7 ANSWER 22 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Management of epilepsy in children with autism.
AU Peake D.; Notghi L.M.; Philip S.
AB Epilepsy is a major cause of morbidity in autism. The diagnosis and management of epilepsy in autism is complicated by a high prevalence of co-morbid neurodevelopmental disorders and co-medication. The prevalence of epilepsy is highest in those autistic children with cognitive, motor and receptive language difficulties. The underlying pathophysiology of Autism, its high rate of paroxysmal electroencephalographic abnormalities and its association with epilepsy is debated. Suggestions regarding the appropriate investigation and management of autistic children presenting with possible epilepsy are outlined. .COPYRGT. 2006 Elsevier Ltd. All rights reserved.
SO Current Paediatrics, (2006) Vol. 16, No. 7, pp. 489-494. .
Refs: 26
ISSN: 0957-5839 CODEN: CUPAF6
PY 2006

L7 ANSWER 23 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Evaluation of recent patent applications for the diagnosis and treatment of autism and pervasive developmental disorders.
AU Walker M.A.
AB This review covers patent literature for new targets, biomarkers and potential drugs for the treatment of autism and related pervasive developmental disorders, for patent applications published between 2000 and mid-year 2005. Recent studies into the underlying genetic aetiology of autism has resulted in a number of potential targets for drug development. Less research is being carried out in the clinical examination of agents specifically designed to treat autism. Nonetheless, promising leads in target and drug discovery have been discovered over the course of the time period examined. .COPYRGT. 2006 Ashley Publications.
SO Expert Opinion on Therapeutic Patents, (2006) Vol. 16, No. 3, pp. 249-264. .
Refs: 110

ISSN: 1354-3776 CODEN: EOTPEG
PY 2006

L7 ANSWER 24 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Intervention for Autistic Spectrum Disorders.
AU Filipek P.A.; Steinberg-Epstein R.; Book T.M.
AB Summary: A comprehensive approach to the assessment of any child with autism must be matched specifically to each individual child and family. This premise holds for medical therapies and special education services as well as psychopharmacologic interventions. Behavioral, as opposed to pharmacologic, treatment is the hallmark of effective intervention for autism. Physicians involved in the care of children with autism need to become familiar with educational law and intervention recommendations. Goals should include improved functional verbal and nonverbal communication and social skills, increased engagement in developmentally appropriate activities, improved fine and gross motor skills, and the development of independent academic and organizations skills, as well as replacement of problem behaviors with developmentally appropriate behaviors.. Medicating children with autism is difficult, but is often necessary for chronic behavioral difficulties. In the absence of clear and present guidelines, we have attempted to use evidence and clinical experience to suggest an algorithm based on symptom clusters. Although children with autism may be responsive to medications at lower doses and more susceptible to side effects than other children, medical intervention can produce a significant improvement in the quality of life for the child and family. Careful thought leading to correct identification of target behaviors can appropriately direct better alternatives for medication. Although these approaches are costly and time-consuming endeavors, the expenditure of such efforts is the only available pathway to improve the potential outcomes for individuals with autism as well as decrease the lifetime societal costs for each individual. .COPYRGT. 2006 The American Society for Experimental NeuroTherapeutics, Inc.
SO NeuroRx, (2006) Vol. 3, No. 2, pp. 207-216. .
Refs: 51
ISSN: 1545-5343 E-ISSN: 1545-5351
PY 2006

L7 ANSWER 25 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Treatment outcome and outcome associations in children with pervasive developmental disorders treated with selective serotonin reuptake inhibitors: A chart review.
AU Henry C.A.; Steingard R.; Venter J.; Guptill J.; Halpern E.F.; Bauman M.
AB Purpose: The aim of this study was to determine the outcome and predictors of outcome with selective serotonin reuptake inhibitors (SSRIs) in outpatient children and adolescents with pervasive developmental disorders (PDDs). Method: Clinic charts were reviewed for 89 outpatient youths with a Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) diagnosis of a PDD who were treated with SSRIs. Response was determined using the Clinical Global Impressions (CGI) scale. Side-effect and demographic data, including family history, were recorded. Results: Forty-four point nine percent (44.9%) were determined to be much improved and considered responders. Fifty-four percent (54%) of the subjects demonstrated activation side effects. In 35.4% of these subjects, the activation side effects led to drug discontinuation. Pearson chi-squared and regression analysis demonstrated an association between SSRI response and a family history of PDD. There were no significant associations between clinical variables and activation side effects. Conclusions: SSRI treatment led to modest response rate in this group of youths with PDDs. Activation side effects were frequent, often leading to treatment dropouts. Potential outcome associations include a family history of PDDs.

SO Journal of Child and Adolescent Psychopharmacology, (2006) Vol. 16, No. 1-2, pp. 187-195. .
Refs: 38
ISSN: 1044-5463 CODEN: JADPET
PY 2006

L7 ANSWER 26 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Neurobehavioral disorders in children, adolescents, and young adults with Down syndrome.
AU Capone G.; Goyal P.; Ares W.; Lannigan E.
AB The term dual-diagnosis refers to a person with mental retardation and a psychiatric disorder. Most children with Down syndrome (DS) do not have a psychiatric or neurobehavioral disorder. Current prevalence estimates of neurobehavioral and psychiatric co-morbidity in children with DS range from 18% to 38%. We have found it useful to distinguish conditions with a pre-pubertal onset from those presenting in the post-pubertal period, as these are biologically distinct periods each with a unique vulnerability to specific psychiatric disorders. Due to the increased recognition that psychiatric symptoms may co-occur with mental retardation, and are not inextricably linked to cognitive impairment, these conditions are considered treatable, in part, under a medical model. Improvement in physiologic regulation, emotional stability, and neurocognitive processing is one of the most elusive but fundamental goals of pharmacologic intervention in these disorders. .COPYRGT. 2006 Wiley-Liss, Inc.
SO American Journal of Medical Genetics, Part C: Seminars in Medical Genetics, (15 Aug 2006) Vol. 142, No. 3, pp. 158-172. .
Refs: 92
ISSN: 1552-4868 E-ISSN: 1552-4876 CODEN: AMSGFT
PY 2006

L7 ANSWER 27 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Mental health of children with learning disabilities.
AU Allington-Smith P.
AB Children and adolescents with learning disabilities have high rates of mental health problems and behavioural difficulties. Comorbid disorders such as epilepsy, autism and attention-deficit hyperactivity disorder are common. Despite this, many areas in the UK are failing to provide a psychiatric service for these young people and their families. The children suffer as a result and may have to move away from home unnecessarily, at enormous emotional and financial cost. Each area should have a specialised multidisciplinary health team working closely with colleagues from education and social services to assist these complex children and give them the best chance to fulfil their potential.
SO Advances in Psychiatric Treatment, (2006) Vol. 12, No. 2, pp. 130-137. .
Refs: 20
ISSN: 1355-5146 CODEN: APTDA7
PY 2006

L7 ANSWER 28 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Pharmacological management of preschool ADHD.
AU Kratochvil C.J.; Egger H.; Greenhill L.L.; McGough J.J.
SO Journal of the American Academy of Child and Adolescent Psychiatry, (2006) Vol. 45, No. 1, pp. 115-118. .
Refs: 9
ISSN: 0890-8567 CODEN: JAAPEE
PY 2006

L7 ANSWER 29 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Neurofeedback treatment of two children with learning, attention, mood, social, and developmental deficits.

AU Jacobs E.H.

AB Background. Neurofeedback is biofeedback training of EEG activity through an operant conditioning process by which the individual is trained to increase or inhibit the brain's production of electrical activity in specific frequency ranges. Studies have demonstrated efficacy with a variety of disorders, including attention deficit hyperactivity disorder (ADHD), learning problems, and autistic features. This paper describes the application of neurofeedback in a clinical setting with two complex children who manifested multiple diagnoses, including learning disabilities (LD), ADHD, social deficits, mood disorders, and pervasive developmental disorder (PDD). Both boys had adjusted poorly to school, family, and peers. Methods. Subjects were referred to the author's clinical practice. They received individualized protocols based on their symptoms and functional impairments. They were administered semi-weekly 20-minute sessions of one-channel neurofeedback training for approximately six months. In both cases symptoms were identified and tracked with a parent rating scale and one case, with the Symptom Assessment-45 Questionnaire (SA-45) also. Results. Each boy improved in all tracked symptoms without adverse effects. One improved on most measures of the SA-45 with no deterioration on any measure. Functional improvements in academic functioning, home behavior, and peer relationships were indicated. Conclusions. Neurofeed back was a successful treatment for these two multi-symptomatic and diagnosed boys, whose improvements surpassed the gainsmade with previous therapies. The advantages of neurofeedback include the relative absence of observable adverse effects, the lack of reliance on medication with its possible side effects and noncompliance, and the possibility of long-term gains without continued intervention.

SO Journal of Neurotherapy, (18 Jul 2006) Vol. 9, No. 4, pp. 55-70. .
Refs: 24
ISSN: 1087-4208 E-ISSN: 1530-017X CODEN: JNOEA2

PY 2006

L7 ANSWER 30 OF 55 EMBASE

TI Pharmacotherapy of aggression in children and adolescents: Efficacy and effect size.

AU Pappadopulos E.; Woolston S.; Chait A.; Perkins M.; Connor D.F.; Jensen P.S.

AB Introduction: The treatment of pediatric aggression often involves psychotropic agents. Despite growing research on pediatric psychopharmacology, however, clinical issues regarding medication management of persistent behavioral problems remain poorly addressed. Method: A review of the literature from 1980 to November, 2005 yielded 45 randomized, placebo-controlled trials that addressed the treatment of aggression as either a primary or secondary outcome variable. Effect sizes (ES) (Cohen's d) were calculated for studies that met inclusion criteria. Results: Overall ES for psychotropic agents in treating aggression was 0.56. Despite variability in psychiatric diagnoses, select agents showed moderate to large effects on maladaptive aggression. Most studies focused on younger children (mean age = 10.4 years), and were of short duration (7 to 70 days). Largest effects were noted with methylphenidate for co-morbid aggression in ADHD (mean ES = 0.9, combined n = 844) and risperidone for persistent behavioral disturbances in youth with conduct disorder and sub-average IQ (mean ES = 0.9, combined n = 875). Conclusion: A growing literature supports the use of certain medications for managing pediatric aggression. Future studies should distinguish between impulsive and predatory aggression, and examine the efficacy of agents over longer treatment periods.

SO Journal of the Canadian Academy of Child and Adolescent Psychiatry, (2006) Vol. 15, No. 1, pp. 27-39. .
Refs: 107
ISSN: 1209-7268

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PY   2006


=> d his

     (FILE 'HOME' ENTERED AT 07:45:25 ON 20 JUN 2007)

     FILE 'REGISTRY' ENTERED AT 07:45:35 ON 20 JUN 2007
                E "ATOMOXETINE"/CN 25
L1            1 S E3
                E "ATOMOXETINE"/CN 25
                E "DULOXETINE"/CN 25
L2            1 S E3

     FILE 'CAPLUS, EMBASE, BIOSIS, MEDLINE' ENTERED AT 07:47:38 ON 20 JUN 2007
L3         1992 S 83015-26-3 OR TOMOXETINE OR ATOMOXETINE
L4         2734 S 116539-59-4 OR DULOXETINE
L5        34507 S PERVASIVE(A)DEVELOPMENTAL(A)DISORDER OR AUTIS? OR ASPERGER'S(
L6           66 S L3 AND L5
L7           55 DUP REM L6 (11 DUPLICATES REMOVED)

=> d ti au so py 31-55 l7

L7   ANSWER 31 OF 55  EMBASE  COPYRIGHT (c) 2007 Elsevier B.V. All rights
     reserved on STN
TI   Combination use of atomoxetine and risperidone for hyperactivity
     and impulsivity in autistic disorder.
AU   Gallucci G.; Duncan C.; Hackerman F.
SO   Mental Health Aspects of Developmental Disabilities, (2006) Vol. 9, No. 1,
     pp. 23-25. .
     Refs: 17
     ISSN: 1057-3291  CODEN: MHADFR
PY   2006

L7   ANSWER 32 OF 55  EMBASE  COPYRIGHT (c) 2007 Elsevier B.V. All rights
     reserved on STN
TI   QEEG-guided neurofeedback for children with histories of abuse and
     neglect: Neurodevelopmental rationale and pilot study.
AU   Huang-Storms L.; Bodenhamer Davis E.; Davis R.; Dunn J.
SO   Journal of Neurotherapy, (2006) Vol. 10, No. 4, pp. 3-16. .
     Refs: 81
     ISSN: 1087-4208  E-ISSN: 1530-017X  CODEN: JNOEA2
PY   2006

L7   ANSWER 33 OF 55  EMBASE  COPYRIGHT (c) 2007 Elsevier B.V. All rights
     reserved on STN
TI   Aripiprazole in children and adolescents: Clinical experience.
AU   Rugino T.A.; Janvier Y.M.
SO   Journal of Child Neurology, (2005) Vol. 20, No. 7, pp. 603-610. .
     Refs: 39
     ISSN: 0883-0738  CODEN: JOCNEE
PY   2005

L7   ANSWER 34 OF 55  EMBASE  COPYRIGHT (c) 2007 Elsevier B.V. All rights
     reserved on STN
TI   Targeting symptom domains: A strategy for pharmacotherapy in childhood
     pervasive developmental disorders.
AU   Namerow L.B.; Mangini L.M.
SO   Connecticut Medicine, (2005) Vol. 69, No. 9, pp. 525-533. .
     Refs: 46
     ISSN: 0010-6178  CODEN: CNMEAH
PY   2005

L7   ANSWER 35 OF 55  EMBASE  COPYRIGHT (c) 2007 Elsevier B.V. All rights
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reserved on STN
TI Autism spectrum disorders: Emerging pharmacotherapy.
AU Bostic J.Q.; King B.H.
SO Expert Opinion on Emerging Drugs, (2005) Vol. 10, No. 3, pp. 521-536. .
Refs: 97
ISSN: 1472-8214 CODEN: EOEDA3
PY 2005

L7 ANSWER 36 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI 7. Language disorders and autism.
AU Wray J.; Silove N.; Knott H.
SO Medical Journal of Australia, (4 Apr 2005) Vol. 182, No. 7, pp. 354-360. .
Refs: 43
ISSN: 0025-729X CODEN: MJAUAJ
PY 2005

L7 ANSWER 37 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI ADHD and the paediatrician: A guide to management.
AU Keen D.V.
SO Current Paediatrics, (2005) Vol. 15, No. 2, pp. 133-142. .
Refs: 46
ISSN: 0957-5839 CODEN: CUPAF6
PY 2005

L7 ANSWER 38 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Prescribing psychotropic medication to children in general practice.
AU Hazell P.
SO Australian Prescriber, (2005) Vol. 28, No. 5, pp. 116-118. .
Refs: 6
ISSN: 0312-8008 CODEN: AUPRFZ
PY 2005

L7 ANSWER 39 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI A number of psychotropic drugs are useful in treating the various neuropsychiatric symptoms of fragile X syndrome.
SO Drugs and Therapy Perspectives, (2005) Vol. 21, No. 7, pp. 15-18. .
Refs: 11
ISSN: 1172-0360 CODEN: DTHPEE
PY 2005

L7 ANSWER 40 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Neurogenetic interactions and aberrant behavioral co-morbidity of attention deficit hyperactivity disorder (ADHD): Dispelling myths.
AU Comings D.E.; Chen T.J.H.; Blum K.; Mengucci J.F.; Blum S.H.; Meshkin B.
SO Theoretical Biology and Medical Modelling, (23 Dec 2005) Vol. 2. arn. 50.
Refs: 83
ISSN: 1742-4682 E-ISSN: 1742-4682
PY 2005

L7 ANSWER 41 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Annual update 2003/2004 - Treatment of psychiatric disorders.
SO Drugs of the Future, (2004) Vol. 29, No. 9, pp. 923-930. .
ISSN: 0377-8282 CODEN: DRFUD4
PY 2004

L7 ANSWER 42 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI A review of the growing evidence base for pediatric psychopharmacology.

AU Pappadopulos E.A.; Tate Guelzow B.; Wong C.; Ortega M.; Jensen P.S.
SO Child and Adolescent Psychiatric Clinics of North America, (2004) Vol. 13, No. 4, pp. 817-855. .
Refs: 255
ISSN: 1056-4993 CODEN: CAPAF2
PY 2004

L7 ANSWER 43 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Neuropsychiatric symptoms of fragile X syndrome: Pathophysiology and pharmacotherapy.
AU Tsiouris J.A.; Brown W.T.
SO CNS Drugs, (2004) Vol. 18, No. 11, pp. 687-703. .
Refs: 120
ISSN: 1172-7047 CODEN: CNDREF
PY 2004

L7 ANSWER 44 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Aggression and disruptive behavior disorders in children and adolescents.
AU Turgay A.
SO Expert Review of Neurotherapeutics, (2004) Vol. 4, No. 4, pp. 623-632. .
Refs: 76
ISSN: 1473-7175 CODEN: ERNXAR
PY 2004

L7 ANSWER 45 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI A Naturalistic Retrospective Analysis of Psychostimulants in Pervasive Developmental Disorders.
AU Stigler K.A.; Desmond L.A.; Posey D.J.; Wiegand R.E.; McDougle C.J.
SO Journal of Child and Adolescent Psychopharmacology, (2004) Vol. 14, No. 1, pp. 49-56. .
Refs: 31
ISSN: 1044-5463 CODEN: JADPET
PY 2004

L7 ANSWER 46 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI The interface between publicly funded and industry-funded research in pediatric psychopharmacology: Opportunities for integration and collaboration.
AU Vitiello B.; Heiligenstein J.H.; Riddle M.A.; Greenhill L.L.; Fegert J.M.
SO Biological Psychiatry, (1 Jul 2004) Vol. 56, No. 1, pp. 3-9. .
Refs: 60
ISSN: 0006-3223 CODEN: BIPCBF
PY 2004

L7 ANSWER 47 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Annual Update 2003: Drugs for Psychiatric Disorders and Substance Abuse.
AU Graul A.I.
SO Drugs of the Future, (2003) Vol. 28, No. 11, pp. 1103-1121. .
Refs: 7
ISSN: 0377-8282 CODEN: DRFUD4
PY 2003

L7 ANSWER 48 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Improvement in behaviour and attention in an autistic patient treated with ziprasidone [4].
AU Goforth H.W.; Rao M.S.
SO Australian and New Zealand Journal of Psychiatry, (2003) Vol. 37, No. 6, pp. 775-776. .

Refs: 3
ISSN: 0004-8674 CODEN: ANZPBQ
PY 2003

L7 ANSWER 49 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI 49th Annual meeting of the American academy of child and adolescent psychiatry.
AU Ambrosini P.J.; Elia J.; Rynn M.A.
SO Expert Opinion on Pharmacotherapy, (1 Apr 2003) Vol. 4, No. 4, pp. 591-594. .
Refs: 23
ISSN: 1465-6566 CODEN: EOPHF7
PY 2003

L7 ANSWER 50 OF 55 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Fetal alcohol spectrum disorder and ADHD: Diagnostic implications and therapeutic consequences.
AU O'Malley K.D.; Storoz L.
SO Expert Review of Neurotherapeutics, (2003) Vol. 3, No. 4, pp. 477-489. .
Refs: 97
ISSN: 1473-7175 CODEN: ERNXAR
PY 2003

L7 ANSWER 51 OF 55 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN
TI Alterations in sensorimotor processing in mice with hyperdopaminergic or hypomonoaminergic tone.
AU Wetsel, William C. [Reprint Author]; Rodriguiz, Ramona M.; Caron, Marc G.
SO Neuropsychopharmacology, (DEC 2005) Vol. 30, No. Suppl. 1, pp. S208.
Meeting Info.: 44th Annual Meeting of the American-College-Neuropsychopharmacology. Waikoloa, HI, USA. December 11 -15, 2005. Vanderbilt Univ Sch Med Dept Psychiat.
CODEN: NEROEW. ISSN: 0893-133X.
PY 2005

L7 ANSWER 52 OF 55 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN
TI A prospective, open-label study of atomoxetine for ADHD symptoms associated with higher-functioning pervasive developmental disorders.
AU Posey, David I. [Reprint Author]; Wiegand, Ryan E.; Jennifer, Wilkerson; Maynard, Melissa; Stigler, Kimberly A.; McDougle, Christopher J.
SO Neuropsychopharmacology, (DEC 2005) Vol. 30, No. Suppl. 1, pp. S156-S157.
Meeting Info.: 44th Annual Meeting of the American-College-Neuropsychopharmacology. Waikoloa, HI, USA. December 11 -15, 2005. Vanderbilt Univ Sch Med Dept Psychiat.
CODEN: NEROEW. ISSN: 0893-133X.
PY 2005

L7 ANSWER 53 OF 55 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN
TI Annual Meeting of the Society-for-Developmental-and-Behavioral-Pediatrics, Chicago, IL, USA, October 03 -04, 2004.
AU Anonymous
SO Journal of Developmental & Behavioral Pediatrics, (OCT 2004) Vol. 25, No. 5, pp. 372-382.
Meeting Info.: Annual Meeting of the Society-for-Developmental-and-Behavioral-Pediatrics. Chicago, IL, USA. October 03 -04, 2004. Soc Dev & Behav Pediat.
ISSN: 0196-206X.
PY 2004

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L7   ANSWER 54 OF 55  BIOSIS  COPYRIGHT (c) 2007 The Thomson Corporation  on
     STN
TI   31st Annual Meeting of the Child Neurology Society, Washington, D.C., USA,
     October 9-12, 2002.
AU   Child Neurology Society
SO   Annals of Neurology, (September, 2002) Vol. 52, No. 3 Suppl. 1, pp.
     S112-S161. print.
     Meeting Info.: 31st Annual Meeting of the Child Neurology Society.
     Washington, D.C., USA. October 09-12, 2002. Child Neurology Society.
     CODEN: ANNED3. ISSN: 0364-5134.
PY   2002

L7   ANSWER 55 OF 55     MEDLINE on STN
TI   Atomoxetine treating patients with Autistic disorder.
AU   Niederhofer Helmut; Damodharan Senthil Kumar; Joji Rekha; Corfield Alison
SO   Autism : the international journal of research and practice, (2006 Nov)
     Vol. 10, No. 6, pp. 647-9.
     Journal code: 9713494. ISSN: 1362-3613.
PY   2006


=> d abs 54 l7

L7   ANSWER 54 OF 55  BIOSIS  COPYRIGHT (c) 2007 The Thomson Corporation  on
     STN
AB   This meeting of the Child Neurology Society consists of abstracts written
     in English for 182 presentations.  Conference themes include neonatal
     neurology, neurogenetics, behavioral neurology, and epilepsy.  Selected
     topics include atomoxetine treatment in attention-
     deficit/hyperactivity disorder, carnitine deficiency in autism,
     imaging in HIV-1 positive children receiving antiretroviral therapy,
     mycoplasma pneumoniae complications, and topiramate therapy in Rett
     Syndrome.


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                E "ATOMOXETINE"/CN 25
                E "DULOXETINE"/CN 25
L2            1 S E3

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L3         1992 S 83015-26-3 OR TOMOXETINE OR ATOMOXETINE
L4         2734 S 116539-59-4 OR DULOXETINE
L5        34507 S PERVASIVE(A)DEVELOPMENTAL(A)DISORDER OR AUTIS? OR ASPERGER'S(
L6           66 S L3 AND L5
L7           55 DUP REM L6 (11 DUPLICATES REMOVED)

=> s l4 and l5
L8           11 L4 AND L5

=> d ti au abs so py 1-11

L8   ANSWER 1 OF 11  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Use of memantine (Namenda) to treat autism, compulsivity, and
     impulsivity
IN   Hollander, Eric
AB   The invention relates to the treatment of compulsive, impulsive and
     pervasive developmental disorders.  More
```

particularly, the methods described comprise administration of memantine to an individual suffering from such a disorder in an amount effective to relieve one or more symptoms of the disorder. In particularly preferred aspects, the invention is directed to the use of memantine for the treatment of autism.

SO PCT Int. Appl., 45 pp.
CODEN: PIXXD2

PY 2006
2006
2006
2006
2007

L8 ANSWER 2 OF 11 CAPLUS COPYRIGHT 2007 ACS on STN

TI Compositions for treating psychiatric disorders with COX-2 inhibitors alone and in combination with antidepressant agents

IN Stephenson, Diane; Taylor, Duncan P.

AB The present invention relates to a novel method of treating and/or preventing psychiatric disorders in a subject by administering to the subject at last one Cox-2 inhibitor alone or in combination with one or more antidepressant agents. Compns., pharmaceutical compns. and kits are also described. Thus, celecoxib was prepared starting from 4'-methylacetophenone and ethyltrifluoroacetate followed by reaction with 4-sulfonamidophenylhydrazine. A composition is obtained by mixing sertraline and celecoxib.

SO PCT Int. Appl., 200 pp.
CODEN: PIXXD2

PY 2005
2005
2006

L8 ANSWER 3 OF 11 CAPLUS COPYRIGHT 2007 ACS on STN

TI Pharmaceutical composition and method using a GABA analog, an NMDA antagonist, and an optional additional drug for treating disorders of the central nervous system

IN Galer, Bradley S.; Schlagheck, Thomas G.

AB Disorders of the central nervous system (CNS) are treated by the administration of a GABA analog (e.g. gabapentin or pregabalin), an NMDA receptor antagonist (e.g. dextromethorphan or d-methadone), and, optionally, another pharmacol. active substance, e.g., one which is effective for the treatment of a CNS disorder.

SO PCT Int. Appl., 40 pp.
CODEN: PIXXD2

PY 2003
2003
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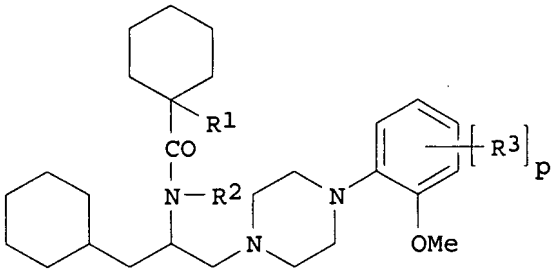
L8 ANSWER 4 OF 11 CAPLUS COPYRIGHT 2007 ACS on STN

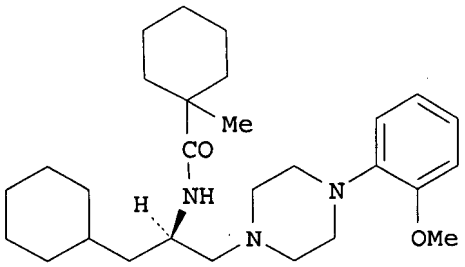
TI Preparation of piperazines as serotonin 5-HT1A receptor antagonists with long duration of in vivo effects and as radioligands for binding studies

IN Childers, Wayne Everett; Kelly, Michael Gerard; Schechter, Lee Erwin; Rosenzweig-Lipson, Sharon Joy

GI



I



II

AB Title compds. I [R1, R2 = H, alkyl; R3 = radiolabel, e.g., 3H, 13C, 14C etc. ; p = 0, 1] and their pharmaceutically acceptable salts were prepared For example, coupling of [(1R)-1-cyclohexylmethyl-2-[4-(2-methoxyphenyl)piperazin-1-yl]ethyl]amine and 1-methylcyclohexanecarboxylic acid chloride provided claimed piperazine II in 63 % yield. In human serotonin 5-HT1A receptor binding assays, compound II exhibited an IC50 value of 1.23 nM. Compds. I have a long duration of action, with half-lives measured by days rather than hours, making them useful for the treatment of chronic diseases resulting from the dysfunction of the serotonergic 5-HT1A system. Also, radiolabeling of compds. I are claimed useful as ligands for binding studies, for in vitro and in vivo imaging of cells and for use in positron emission topog. (PET) studies in mammals.

SO PCT Int. Appl., 21 pp.
CODEN: PIXXD2

PY 2002
2003
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2005

L8 ANSWER 5 OF 11 CAPLUS COPYRIGHT 2007 ACS on STN

TI Pharmaceuticals containing a combination of norepinephrine reuptake inhibitors and neuroleptics

IN Wong, Erik Ho Fong; Gallen, Christopher C.; Svensson, Torgny

AB A composition comprising: (a) a pharmaceutically effective amount of one or more norepinephrine reuptake inhibitors or a salt; and (b) 1 or more neuroleptics is provided. The composition is useful in treating disorders or diseases of the central nervous system, and particularly useful in treating schizophrenia. A pharmaceutical composition was prepared by combining reboxetine with a neuroleptic in an acceptable carrier. The composition contains 0.01-10 mg rebexetine and 25-300 mg clozapine.

SO PCT Int. Appl., 22 pp.
CODEN: PIXXD2

PY 2002
2002
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2005
2006

L8 ANSWER 6 OF 11 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Evidence-based guidelines for management of attention-deficit/hyperactivity disorder in adolescents in transition to adult services and in adults: Recommendations from the British Association for Psychopharmacology.
AU Nutt D.J.; Fone K.; Asherson P.; Bramble D.; Hill P.; Matthews K.; Morris K.A.; Santosh P.; Sonuga-Barke E.; Taylor E.; Weiss M.; Young S.
AB Attention-deficit/hyperactivity disorder (ADHD) is an established diagnosis in children, associated with a large body of evidence on the benefits of treatment. Adolescents with ADHD are now leaving children's services often with no readily identifiable adult service to support them, which presents problems as local pharmacy regulations often preclude the prescription of stimulant drugs by general practitioners (GPs). In addition, adults with ADHD symptoms are now starting to present to primary care and psychiatry services requesting assessment and treatment. For these reasons, the British Association for Psychopharmacology (BAP) thought it timely to hold a consensus conference to review the body of evidence on childhood ADHD and the growing literature on ADHD in older age groups. Much of this initial guidance on managing ADHD in adolescents in transition and in adults is based on expert opinion derived from childhood evidence. We hope that, by the time these guidelines are updated, much evidence will be available to address the many directions for future research that are detailed here. .COPYRGT. 2007 British Association for Psychopharmacology.
SO Journal of Psychopharmacology, (2007) Vol. 21, No. 1, pp. 10-41. .
Refs: 251
ISSN: 0269-8811 E-ISSN: 1461-7285 CODEN: JOPSEQ
PY 2007

L8 ANSWER 7 OF 11 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI [Report from Great Britain].
BERICHT AUS GROssBRITANNIEN.
AU Woodhouse R.J.
DATA NOT AVAILABLE FOR THIS ACCESSION NUMBER
SO Pharmazeutische Industrie, (2005) Vol. 66, No. 12, pp. 1514-1517. .
ISSN: 0031-711X CODEN: PHINAN
PY 2005

L8 ANSWER 8 OF 11 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Annual update 2003/2004 - Treatment of psychiatric disorders.
DATA NOT AVAILABLE FOR THIS ACCESSION NUMBER
SO Drugs of the Future, (2004) Vol. 29, No. 9, pp. 923-930. .
ISSN: 0377-8282 CODEN: DRFUD4
PY 2004

L8 ANSWER 9 OF 11 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Annual Update 2003: Drugs for Psychiatric Disorders and Substance Abuse.
AU Graul A.I.
AB This month's Annual Update 2003, dedicated to Drugs for Psychiatric Disorders and Substance Abuse, is comprised of a compendium of 137 drugs for the treatment of anxiety disorders, depression, bipolar disorder, schizophrenia, autism, attention deficit hyperactivity disorder,

sleep disorders, alcohol abuse and alcoholism, drug abuse and addiction, and smoking cessation. The table of drugs includes products which have been launched for the first time since 2002 and others that were previously marketed for another indication. Products featured in the monograph updates section include agomelatine, aripiprazole, blonanserin, duloxetine hyrochloride, escitalopram oxalate, eszopiclone, gepirone hydrochloride, indiplon, INN-00835, lamotrigine, nalmefene, naltrexone hydrochloride, ocinaplon, olanzapine, pregabalin, quetiapine fumarate, TAK-375 and venlafaxine hydrochloride.

SO Drugs of the Future, (2003) Vol. 28, No. 11, pp. 1103-1121. .
Refs: 7
ISSN: 0377-8282 CODEN: DRFUD4

PY 2003

L8 ANSWER 10 OF 11 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

TI Mirtazapine in the treatment of mood and anxiety disorders.

AU Ostacher M.J.; Eisner L.; Nierenberg A.A.

AB Mirtazapine is a new antidepressant whose effects on presynaptic adrenergic receptors leads to increased serotonergic transmission, and thus its antidepressant and antianxiety effects. It is equal in practical effectiveness to any currently marked antidepressant but may exert its effects earlier than some others. It is safe, well-tolerated and a useful addition to the drugs currently available for the treatment of mood and anxiety disorders.

SO Expert Review of Neurotherapeutics, (2003) Vol. 3, No. 4, pp. 425-433. .
Refs: 48
ISSN: 1473-7175 CODEN: ERNXAR

PY 2003

L8 ANSWER 11 OF 11 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN

TI Annual Update 2003: Drugs for Psychiatric Disorders and Substance Abuse.

AU Anonymous

AB This month's Annual Update 2003, dedicated to Drugs for Psychiatric Disorders and Substance Abuse, is comprised of a compendium of 137 drugs for the treatment of anxiety disorders, depression, bipolar disorder, schizophrenia, autism, attention deficit hyperactivity disorder, sleep disorders, alcohol abuse and alcoholism, drug abuse and addiction, and smoking cessation. The table of drugs includes products which have been launched for the first time since 2002 and others that were previously marketed for another indication. Products featured in the monograph updates section include agomelatine, aripiprazole, blonanserin, duloxetine hyrochloride, escitalopram oxalate, eszopiclone, gepirone hydrochloride, indiplon, INN-00835, lamotrigine, nalmefene, naltrexone hydrochloride, ocinaplon, olanzapine, pregabalin, quetiapine fumarate, TAK-375 and venlafaxine hydrochloride.

SO Drugs of the Future, (November 2003) Vol. 28, No. 11, pp. 1103-1144. print.
ISSN: 0377-8282.

PY 2003

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FILE 'REGISTRY' ENTERED AT 14:24:25 ON 12 JUN 2007
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http://www.cas.org/support/stngen/stndoc/properties.html

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L5 STRUCTURE UPLOADED

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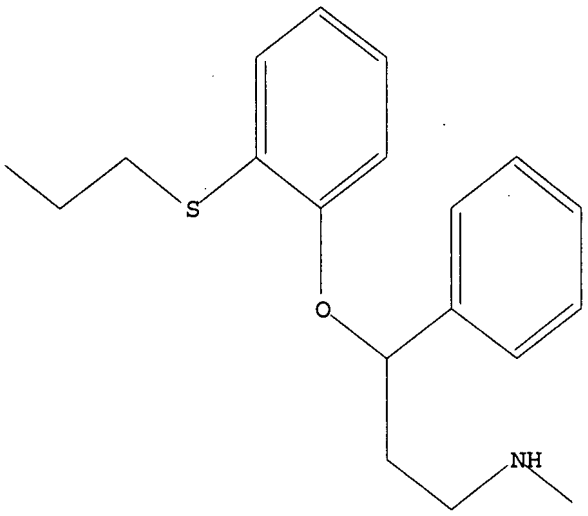
L5 STR



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SAMPLE SCREEN SEARCH COMPLETED - 3 TO ITERATE

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FULL FILE PROJECTIONS: ONLINE **COMPLETE**
BATCH **COMPLETE**
PROJECTED ITERATIONS: 3 TO 163
PROJECTED ANSWERS: 0 TO 0

L6 0 SEA FAM SAM L5

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FULL SEARCH INITIATED 14:25:15 FILE 'REGISTRY'
FULL SCREEN SEARCH COMPLETED - 25 TO ITERATE

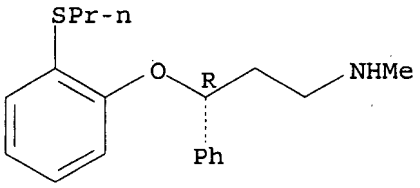
100.0% PROCESSED 25 ITERATIONS 2 ANSWERS
SEARCH TIME: 00.00.01

L7 2 SEA FAM FUL L5

=> d scan

L7 2 ANSWERS REGISTRY COPYRIGHT 2007 ACS on STN
IN Benzenepropanamine, N-methyl-γ-[2-(propylthio)phenoxy]-, hydrochloride, (R)- (9CI)
MF C19 H25 N O S . Cl H

Absolute stereochemistry.



● HCl

HOW MANY MORE ANSWERS DO YOU WISH TO SCAN? (1):0

=> file caplus

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	68.15	142.12

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)	SINCE FILE ENTRY	TOTAL SESSION
CA SUBSCRIBER PRICE	0.00	-0.78

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=> s l7
L8 1 L7

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L8 ANSWER 1 OF 1 CAPLUS COPYRIGHT 2007 ACS on STN
TI Use of duloxetine or of N-alkyl-3-phenyl-(2-alkylthiophenoxy)-propylamines for treating attention-deficit/hyperactivity disorder
IN Heiligenstein, John Harrison; Laguzza, Bennett Coleman; Paul, Steven Marc; Tollefson, Gary Dennis
AB A group of propanamines, norepinephrine uptake inhibitors, such as duloxetine, are used to treat attention-deficit/hyperactivity disorder. An enteric coated tablet contained sucrose-starch nonpareil 60.28, duloxetine 11.21, hydroxypropyl Me cellulose 14.69, sucrose 5.00, talc 17.52, hydroxypropyl Me cellulose acetate succinate 25.05, tri-Et citrate 5.00, titanium dioxide 2.81 mg.
SO Eur. Pat. Appl., 6 pp.
CODEN: EPXXDW
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